

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Stillwater Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  335 Stillwater Ave Bangor, ME 04401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35904</b></p> <p>Based on interviews and facility policy review, the facility failed to ensure an alleged violation involving fall with major injury was thoroughly investigated for 1 of 2 facility reported incidents reviewed (Resident #1 (R1)).</p> <p>Finding:</p> <p>On 4/10/24, the Division of Licensing and Certification received from the facility a Reportable Incident Form which indicated an allegation of fall with major injury of R1.</p> <p>A review of the closed clinical record for R1 revealed an admitted [DATE] from private residence. Diagnoses included a history of heart disease and Alzheimer's disease and was admitted with hospice services. R1 sustained a fracture and was discharged to acute care hospital on 4/10/24.</p> <p>The facility's Abuse, Neglect, Exploitation, Mistreatment and Misappropriation - Reporting and Investigating, revised 2/23, indicated that, Investigating Allegations. 1. All allegations are thoroughly investigated. There is no evidence that staff were interviewed.</p> <p>On 5/7/24 at 12:02 p.m., in an interview with a surveyor, a hospice registered nurse stated that R1 stated he/she fell , and when asked how he/she got into bed, R1 stated, I put me, and then stated they threw me.</p> <p>On 5/7/24 at 3:49 p.m., in an interview with a surveyor, a Certified Nursing Assistant stated that R1 stated he/she fell , then stated he/she said a group of people picked him/her up and threw him/her up in the bed.</p> <p>On 5/7/24 at 12:52 p.m., in an interview with a the Director of Nursing (DON), a surveyor confirmed that the allegation of fall with major injury was not thoroughly investigated.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Stillwater Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  335 Stillwater Ave Bangor, ME 04401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35904</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the instructions needed to provide minimum healthcare information necessary to properly care for 1 of 2 residents reviewed for fall with major injury (Resident #1 (R1)).</p> <p>Finding:</p> <p>A review of the closed clinical record for R1 revealed an admitted [DATE] from private residence. Diagnoses included a history of heart disease and Alzheimer's disease was admitted with hospice services. R1 sustained a fracture and was discharged to acute care hospital on 4/10/24.</p> <p>A review of the clinical record failed to locate evidence that a baseline care plan was developed and implemented within 48 hours of R1's admission.</p> <p>On 5/7/24 at 12:52 p.m., in an interview with a surveyor, the Director of Nursing confirmed that no care plan had been developed.</p>